Revised December 1974

PRODUCER OF WASTE (Must be filled by producer)

LIQUID WASTE HAULER RECORD

STATE WATER RESO STATE DEPAR

D.O.T. Proper Shipping Name

	CES CONTROL BOARD ENT OF HEALTH SFUND RECORDS CTR
	HAULER OF WASTE (Must be filled by hauler) 999000623
	ASBURY OIL CO.
	Phone: (213) 321-1392
_	Pick Up:Time:upm
_	Phone: (213) 321-1392 Pick Up: (QATE) 15 State Liquid Waste Hauler's Registration No. (if applicable):
٦l	Job No.: No. of Loads or Trips: Unit No
io.	Vehicle: A vacuum truck / LOD_barrels, ☐ flatbed, ☐ other
	The described waste was hauled by me to the disposal facility named below and was accepted.
nd	I certify (or declare) under penalty of perjury that the foregoing is true and correct.
	DISPOSER OF WASTE (Must be filled by disposer) IIIDUSTRIES, INC.
	Name (print or type): 2425 So. Garfield Ave Cope No.
_	Site Address: The 13y Park, Calift, 91754
,	The hauler above delivered the described waste to this disposal facility and it was an acceptable maferial under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.
	Quantity measured at site (if applicable):State fee (if any):
	Handling Method(s):
	☐ recovery
	treatment (specify): (EXAMPLES: INCINERATION, NEUPRALIZATION, PRECIPITATION) CODE NO.
	(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) disposal (specify): pond spreading tandfill injection well other (specify):
	If waste is held for disposer elsewhere specify final location:
	Disposal Date: 4-9-18
	that the foregoing is true and correct.
	MONATURE OF AUTHORIZED AGENT AND TITLE
디	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports
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`,	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
. `	HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.